

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
09/512,734

FILING DATE

APPLICANT(S)

11/18/06

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		/				
2		/				
3		/				
4		/				
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46						
47						
48						
49						
50						
TOTAL IND.		47				
TOTAL DEP.		25				
TOTAL CLAIMS		72				

*	IND.	DEP.	*	IND.	DEP.	*
51						
52			/			
53			/			
54			/			
55			/			
56			/			
57			/			
58			/			
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						